



STATE OF WASHINGTON

JUN 15 2009

APPLICATION FOR CHANGE/TRANSFERMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE **OF WATER RIGHT**

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF **ECOLOGY MUST ACCOMPANY THIS APPLICATION**

Check all that apply.) Change purpose(s) of use Add purpose(s) of use Change point(s) of diversion/withdrawal Add point(s) of diversion/withdrawal Change/transfer place of use Other (i.e. consolidation, intertie, trust water) Explain: To Corkect head bescription of the existing well **IF MORE SPACE IS NEEDED, ATTACH ADDITION	CHANGE No. Che OR 12-2007 DATE ACCEPTED FEE \$ 1000.00 CHECK No. 1510 ECY Coding: 001-002 SEPA: Exempt	FEE \$ 1000.00 REC'D 6 1 11 1 09 CHECK No. 1518 06-15-2009 ECY Coding: 001-002-WR10285-000011				
1. Applicant Information:						
APPLICANT/BUSINESS NAME	PHONE NO.	EAX NO. Cell				
Lake Wenatchee Water Users Assoc,	ration (509)763-071	10 (206) 321-4240				
16863 N. Shore DR.						
CITY	STATE	ZIP CODE				
LEAVENWOITH	WA	98826				
CONTACT NAME (IE DIFFERENT FROM A POLICY	BHONE NO	FAX NO: Cell				
J. Cleve Boisth	PHONE NO.	210 (20) 321-4240				
ADDRESS	1201/6500	110 (40) 321 7240				
16863 N. Shore Diz						
Leaven werth	STATEWA	ZIP CODE 98826				
2. Water Right Information: WATER RIGHT OR CLAIM NUMBER OC 1265 AND 017516		Nater Users Associate				
	DON West LLC					
DO YOU OWN THE RIGHT TO BE CHANGED? Y YES NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	Don West LLC					
DO YOU OWN THE RIGHT TO BE CHANGED? 🗖 YES 🛛 NO						
DO YOU OWN THE RIGHT TO BE CHANGED? Y YES INO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	E (5) YEARS? YES NO					
DO YOU OWN THE RIGHT TO BE CHANGED? YES ONO IF NO, PROVIDE OWNER(S) NAME and ADDRESS: HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE Please attach copies of any documentation that demo was established. Also, if you have a water system pla application.	E (5) YEARS? YES NO					
DO YOU OWN THE RIGHT TO BE CHANGED? YES ONO IF NO, PROVIDE OWNER(S) NAME and ADDRESS: HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE Please attach copies of any documentation that demo was established. Also, if you have a water system pla application.	E (5) YEARS? YES NO	ase include a copy with your				

ECY 040-1-97 (Rev. 06/08) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

CHOZ-09-11

3. Point(s) of Diversion/Withdrawal: A. Existing SOURCE NO. SEC. TWP. RGE. PARCEL# WELL TAG# Dickuson Wolf t 13 NE SE 27/6/3410050 ZIN 16 B. Proposed SOURCE NO. SEC. TWP. RGE. PARCEL# WELL TAG # DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL? RNO PROPOSED: DYES DNO-IF NO, PROVIDE OWNER(S) NAME: ROY B. DICKINSON Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment. 4. Purpose of Use: A. Existing GPM or CFS ACRE-FT/YR PERIOD OF USE **PURPOSE OF USE** Domestic. YEAR ROUND 17.76 B. Proposed PERIOD OF USE **PURPOSE OF USE GPM or CFS** ACRE-FT/YR 5. Place of Use: A. Existing Proporties Along N. Shore Diz. Lake Wenatchee Cocked in SELY Sec 13, TWP27N, RIGE AND NEXY NEXY Sec 24, TWP27N, RIGE AND SWING ISSUES TRANSPORTED AND NW /4 Sec 19, TW727N, RIGE COUNTY # OF ACRES SEC. RGE. PARCEL# D YES DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? NO - IF NO, PROVIDE OWNER(S) NAME: Attached List **B.** Proposed LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE?

YES
NO - IF NO, PROVIDE OWNER(S) NAME:

COUNTY

PARCEL#

OF ACRES

SEC.

TWP.

RGE.

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3. Poi	int(s) of	Divers	ion/\	Nith	draw	/al:					
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DO YOU C	OWN ALL THE	E LANDS IN T	HE EXI	STING P			1 YES, 0	NO-IF	NO, PROVIDE OWNER(S) N	AME:	
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Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

☐ YES

☐ NO - IF NO, PROVIDE OWNER(S) NAME:

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE?

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
WRC 017516 WRC 028802 WRC 001265
6. Remarks and Other Relevant Information:
AN incorrect legal for the location of the well.
The well has Always been Located in NE14 SE/4 Socis
T29N RIGEWM
1210 Central
IF FOR SEASONAL OR TEMPORARY, START DATE/ END DATE/
Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.
Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.
7. Signatures:
I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.
Eleve Boxto, Prosident 5/20/2009
(Applicant) (Date)
(Applicant) (Date)
(Water Right Holder) (Date)
cake were schoe water Users Association
(Land Owner(s) of Existing Place of Use) (Date)
IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.
WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):
☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION IS INCOMPLETE
OTHER/EXPLANATION:
STAFF: DATE:/

ATTACHMENT FOR APPLICATION FOR CHANGE

	SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
7. 1									
						N-91 1-17			
									
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O YOU OV	WN THE ABOVE	POINT(S) OF D	IVERSION	WITH	DRAWAL?	∐ YES	∐ NO – IF	NO, PROVIDE OWNER	R(S) NAME:
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